STATE OF CALIFORNIA

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

STD. 261 (REV. 3-95)

This approval must be renewed annually.

Supervisor: Retain Original Copy

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

- 1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
- 2. Adequate for the work to be performed.
- 3. Equipped with safety belts in operating condition.
- 4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED
	II. APPROVAL	
Use of a privately	owned vehicle on State business is approved.	
APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
	III. RENEWAL	
I have reviewed the above certification and approval and certify that the information provided is correct and valid.		
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification an	d approval and certify that the information provided is con	rect and valid.
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification an	d approval and certify that the information provided is corr	rect and valid.
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification and approval and certify that the information provided is correct and valid.		
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification and approval and certify that the information provided is correct and valid.		
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification and approval and certify that the information provided is correct and valid.		
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
I have reviewed the above certification and approval and certify that the information provided is correct and valid.		
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED